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ABSTRACT

This participant's manual covers "Systems and Policies," the third module of a four-module training program for all individuals employed in programs funded by Oklahoma's Developmental Disabilities Services Division. This includes van drivers, recreation workers, residential staff, administrators, case managers, secretarial/clerical staff, vocational staff, advocates, physicians, psychologists, and others. The primary objective of the module is to have the participant understand the system that shapes service delivery in Oklahoma for people with developmental disabilities. Secondary objectives focus on specific services provided and people responsible for delivering those services, basic services provided by state employees and private provider agencies, members of interdisciplinary teams, elements of successful habilitation programs, and the process an interdisciplinary team goes through in developing an individual plan. The module includes the primary and secondary objectives, a text and question format that allows participants to become actively involved in the learning process, information from transparencies used in training, and copies of handouts. (JDD)

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ED 374 586

MODULE THREE

Foundation Level Training

Systems and Policies

Participant's Manual

Department of Human Services
Developmental Disabilities
Services Division

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MODULE THREE

Foundation Level Training
Systems and Policies

Participant's Manual

Department of Human Services
Developmental Disabilities Services Division

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Foundation Level Training

INTRODUCTION

Foundation Level Training

People with developmental disabilities are PEOPLE FIRST. Their humanity is more important than their disabilities. They have dreams, hopes, likes and dislikes. They want to be loved and give love. They want to be respected by others and by themselves. They want challenges in their lives - a chance to accomplish things, to exercise their abilities and be productive citizens. They want to make a contribution to their communities. They want to have work that means something and that pays them enough to meet their basic needs.

They want a decent place to live in a decent neighborhood. They want to be as healthy as possible. They want the freedom to come and go as they choose, to be as independent as possible. They want privacy and the freedom to choose where and with whom they live. They want to be able to make choices about their daily lives; from what to wear and eat to when to go to bed.

In other words, they want what we want.

In the past and even sometimes today, people with developmental disabilities have been seen only as people with needs which others must meet. Although this was never a true perspective — because people with developmental disabilities have had so few opportunities to exercise their talents and to give of themselves to others — it may have appeared to indeed be the situation.

This traditional viewpoint is one of the most important attitudes we must attempt to change — first in ourselves, then in others.

Today in Oklahoma, people with developmental disabilities are working at real jobs, volunteering in community service, being good

neighbors, participating in their government, attending classes, and in general, doing what all people do.

This foundation level training will give you an idea of who we serve, how we got here, where Oklahoma is today and what the future may hold. Most importantly, it will allow you to look at your own beliefs and hopefully develop an awareness that...

People are... People!

FOUNDATION LEVEL

Primary Objectives

Foundation training was developed to meet the primary training needs of staff, individuals, and family working with people with developmental disabilities. The primary objectives for the Foundation Level training course are to:

PRIMARY OBJECTIVES

Foundation Level Training

1. Provide all staff with a shared vision of what Oklahoma's system of services looks like, today and in the future.
2. Provide a consistent information, knowledge, and skill base for all individuals who serve people with developmental disabilities.
3. Prepare staff to become more effective members of the teams that provide assessment, planning, and delivery of services for individuals with developmental disabilities.
4. Improve the quality of communication and social interaction skills of staff who provide services.
5. Provide a functional definition of developmental disabilities and help staff understand common types of developmental disabilities.
6. Provide an understanding of historical issues influencing individuals with developmental disabilities and how these issues influence today's attitudes.
7. Provide staff and individuals with an understanding of the principle of normalization.
8. Provide a philosophy of services that is consistent with current state and national trends in service delivery.

PRIMARY OBJECTIVES

Foundation Level Training

9 Provide staff and individuals with a better awareness of the individual with developmental disabilities rights and legal issues surrounding service delivery.

10 Provide staff and individuals with an understanding of the services available within the State of Oklahoma and specifically, through the Developmental Disabilities Services Division.

11 Provide an understanding of mistreatment/ maltreatment, reporting measures for suspected abuse and neglect, and the importance of the use of non-aversive techniques.

12 Provide an introduction to future technological trends that may influence the quality of life of individuals with developmental disabilities.

13 Provide an awareness of the role of the state and the Statement of Beliefs that influence services for individuals with developmental disabilities.

For the objectives of the course to be met, participants will need to demonstrate mastery of the subjects presented by passing a written exam at the end of each module, completing in-class activities, and demonstrating specific skills through written exercises.

Foundation Level Modules

Foundation Training is composed of four modules of instruction:

MODULE ONE - "PEOPLE ARE PEOPLE"

Introduces the use of **People First** language. Defines the term, developmental disability, and describes some of the disabilities included in that term. Emphasis is placed on the concept of looking at individuals as *people rather than products of their disability.*

MODULE TWO - "CHANGING TIMES"

Traces the historical events that influenced how services for people with developmental disabilities developed across the nation and in Oklahoma. Emphasizes an understanding of what didn't work and why it didn't work so that we don't repeat the mistakes of the past. Also introduces the principle of normalization and the importance of role models.

MODULE THREE - "SYSTEMS AND POLICIES"

A snapshot of the State of Oklahoma service delivery system today, including public and private service providers, families, advocates, etc. Reaffirms the importance of individuals who work most closely with people with developmental disabilities.

MODULE FOUR - "THE NEW FRONTIERS"

Provides a "Vision of the Future," a blueprint which logically emerges from the previous three modules. It also provides a look at future technological trends that may influence the lives of individuals with developmental disabilities.

These modules are designed to be taught in consecutive order to give participants an awareness and understanding of the history, development and future goals of Oklahoma's Developmental

Disabilities Services Division. Each module includes learning objectives that will be addressed by the instructor through illustrated lectures, videos, and other audio/visual materials. Participants will take part in a variety of activities and exercises designed to clarify and illustrate each module's objectives.

Foundation Level Format

The Participant's Manual for Foundation training consists of four separately bound modules. Each module's format is organized into three sections:

LIST OF OBJECTIVES

Comprised of each module's Primary and Secondary objectives. Secondary objectives allow participants to accomplish mastery of the goals outlined by the module's Primary objective.

GUIDED NOTES

A text and question format that allows participants to become actively involved in the learning process. Most of the information in the transparencies shown by the instructor for each module are also included in right column boxes. Test questions will be taken from the Guided Notes section of the Participant's Manual. Participants are encouraged to complete all questions in their Manual as well as take additional notes. This information will be helpful in their employment settings long after training has ended.

HANDOUTS

Copies of the handouts emphasized in the training are located in the last section of the module. Other supplementary material may also be handed out by the instructor as training progresses.

MODULE THREE

Systems and Policies

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MODULE THREE

Systems and Policies Objectives

MODULE THREE - LEARNING OBJECTIVES

OBJECTIVES

Primary Objective

Primary Objective:

Upon completion of this training and given the appropriate materials, the participant will be able to understand the system that shapes service delivery in the State of Oklahoma for people with developmental disabilities.

Secondary Objectives

Secondary Objectives:

- Discuss the services provided to individuals with developmental disabilities in the State of Oklahoma. Identify the people responsible for delivering these services.
- Describe the basic services provided by state employees and private provider agencies
- Describe the primary way services are provided in Oklahoma.
- List five different people who may be on an interdisciplinary team. Discuss their common goals.
- Recognize three elements of a successful habilitation program.
- Discuss the process an interdisciplinary team goes through in developing an individual plan.

GUIDED NOTES

Systems and Policies

MODULE THREE - LEARNING OBJECTIVES

Objective 1: Discuss the services provided to individuals with developmental disabilities in the State of Oklahoma. Identify the people responsible for delivering these services.

The service system for people with developmental disabilities is shaped by three levels of influence: federal laws and regulations, state laws and agency policies, and local and private efforts.

Federal Government

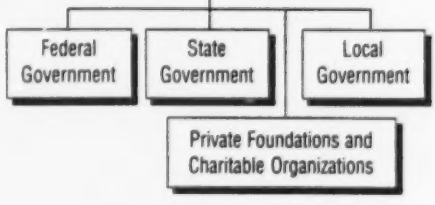
1. List the four policy goals that shape the services system for people with developmental disabilities and write a brief description of each. _____

_____

_____

OKLAHOMA SERVICE SYSTEM

Agencies that Provide Funds



2. What four groups of people shape our service system?

_____

_____

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

- Supplemental Security Income (SSI)
- Health Care Financing Administration (HCFA)
  Title XIX - Medicaid Services

_____

_____

THE FEDERAL GOVERNMENT

I. Health and Human Services

A. Social Security Administration
B. Health Care Financing Administration

II. U.S. Department of Housing and Urban Development (HUD)

A. Direct Loans for Housing for People Who are Elderly or Handicapped
B. Rental Rehabilitation Program
C. Supportive Housing Demonstration Program, Permanent Housing Component
D. Community Development Block Grants

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

- Direct Loans for Housing for People Who are Elderly or Handicapped
- Rental Rehabilitation Program
- Supportive Housing Demonstration Program, Permanent Housing Component
- Community Development Block Grants (CDBG)

_____

_____

_____

_____

3. What are the two main federal agencies that provide services to individuals with developmental disabilities? _____

_____

_____

4. Supplemental Security Income (SSI) provides a _____ _____ for people who are _____, _____or _____.

5. What is Title XIX and what does it provide?

_____

_____

_____

6. List three programs operated by the U.S. Department of Human Services._____

_____

_____

State Government Agencies

- Oklahoma Department of Human Services
- Oklahoma Department of Education
- Oklahoma Department of Health
- Oklahoma Department of Mental Health and Substance Abuse
- Oklahoma Commission on Children and Youth

STATE AGENCIES

- DEPARTMENT OF HUMAN SERVICES
  - Developmental Disabilities Services Division
  - Division of Rehabilitation Services
- OKLAHOMA DEPARTMENT OF EDUCATION
- OKLAHOMA DEPARTMENT OF HEALTH

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Developmental Disability Services Division (DDSD)

The Developmental Disability Services Division is headed by Jim Nicholson and is responsible for providing both institutional and community-based service programs for persons with mental retardation and other developmental disabilities. Medicaid is the single greatest source of federal funds.

DDSD emphasizes community-based services and supports and currently employs resource developers to make specialized services more available within the community.

Rehabilitation Services Division (RSD)

In addition to the vocational services funded through the Developmental Services Division, another division of DHS, Rehabilitation Services Division, provides vocational support to people with disabilities.

- Rehabilitation and Visual Services
- Supported Employment
- Rehabilitation Teaching Services
- Schools for the Blind and Deaf

Other Services

Among the other services available from Rehabilitation Services are:

- Interpreter services
- Library for the Blind and Physically Handicapped
- Orientation and Mobility Specialists
- Deaf/Blindness and Aging Specialists
- Independent Living Programs
- Transitional Living Centers

Medical Services

- Medicaid
- EPSDT (Early and Periodic Screening, Diagnosis and Treatment)
- Children with Special Needs (Formerly Crippled Children's Program)
- SSI - Disabled Children's Program

_____

_____

Child Welfare

Child Welfare provides foster care and adoption services. Since DDSD does not provide foster care for children under six years of age, Child Welfare provides foster care services for young children with disabilities in need of such care.

Other Frequently Used Services

- Non-Technical Medical Care
- Home Maintenance Aide Services
- Food Stamps and Energy Assistance

_____

_____

_____

STATE DEPARTMENT OF EDUCATION

The State Department of Education (SDE) in Oklahoma provides few services directly. Almost all services are the responsibility of the school district in which the child resides.

THE STATE DEPARTMENT OF HEALTH

The focus of the State Department of Health (SDH), as well as the local health departments, is the prevention of disease, illness, accidents, disabilities, and other health problems.

- Newborn hearing screening
- Genetic counseling clinics
- Residential licensing
- Education in human sexuality
- Child abuse prevention services

INDIAN HEALTH SERVICES

THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE (DMHSA)

THE OKLAHOMA COMMISSION ON CHILDREN AND YOUTH

- The Interagency Coordinating Council for Early Childhood Intervention
- The Interagency Coordinating Council for Special Services to Children and Youth. (Special Services Council)

_____

_____

_____

OKLAHOMA AREAWIDE SERVICES INFORMATION SYSTEM (OASIS)

_____

_____

_____

Private Agencies and Organizations

In addition to funding by federal and state agencies, there are many private agencies and organizations that fund services to individuals with disabilities.

- The Donna Nigh Foundation
- The Community Services Council of Greater Tulsa

7. Who provides most of the program funding for individuals with developmental disabilities, federal, state or local agencies?

_____

_____

8. What is the role of state agencies in Oklahoma? _____

_____

_____

Advocacy

Advocacy is acting on behalf of another person. The term is used to describe programs designed to defend the rights and interests of people with disabilities who have difficulty in defending their own rights and interests. An advocate, however, is not necessarily sponsored by a formal program. She or he may be a friend, a residential staff member, a job coach, a parent or foster parent, a lawyer, a guardian, a teacher, or a case manager who takes specific action to defend the rights and interests of their loved one, student, or client.

9. What is advocacy? _____

_____

_____

10. Who may be advocates? How involved with the lives of individuals with developmental disabilities may they get? _____

_____

_____

11. Why were groups formed specifically for advocacy? List two Oklahoma advocacy groups. _____

_____

_____

ADVOCACY

Advocacy is acting on behalf of another person.

- An Advocate may be a friend, a parent or foster parent, a lawyer, a guardian, a teacher, or a social worker who takes specific action to defend the rights and interests of their loved one, student, or client.
- The degree of involvement may include:
  - (a) insuring due process or having a right enforced;
  - (b) engaging in a compensatory justice of making things equal for all; or
  - (c) correcting measures which are aimed at making up for previous disadvantages the group or individual has suffered.
- Some of the advocacy groups in Oklahoma are:
  - United Cerebral Palsy
  - Epilepsy Foundation
  - Autism Society
  - Office of the Guardian Ad Litem
  - Office of Client Advocacy
  - People First of Oklahoma

Objective 2: Describe the basic services provided by state employees and private provider agencies.

Residential Services

Residential services assist individuals to live either in their own homes or in other arrangements. These services can be modified to meet the varying needs of individuals with developmental disabilities. All residential services provided through DDSD, except for the resource centers at Enid and Pauls

Valley, are provided through contract with private service providers.

12. What is a continuum? What are the biggest problems with continuums? _____

_____

_____

13. What is meant by the term "an array of services?"

_____

_____

THE PROCRUSTES MYTH

In greek mythology, there was an overly friendly character by the name of Procrustes. He wanted very much to be a good host to weary wayfarers, and when a traveler journeyed past his dwelling, Procrustes would insist that he stay the night with him. After some wining and dining, Procrustes would show the guest to his/her bed. Trouble was, there was only one bed, of one certain size, and Procrustes was a perfectionist. The bed just had to fit the guest. So, if the guest was tall, Procrustes chopped off his legs until guest and bed were exactly the same size. If the guest was too short, the host strapped him into a rack and lengthened him out a few inches. Obviously, by doing things his own way, Procrustes was prepared for all comers.

In the past, we have been Procrustean in nature. We took everyone, no matter what the disability or its severity. We took them in groups of hundreds and thousands. We used the same kinds of facilities, same types of treatments, same groups of personnel — it didn't matter.

If the guest didn't fit, we made him/her fit!

But, as the old song says: "the times, they are a changing..." We are tailoring our services to the individual instead of becoming descendants of Procrustes. We are not locked into old methods, we

are not locked into sameness. We believe that the system should be an individualized service system, an "Individual- Up" service system.

14. What is meant by an "Individual-Up" service system?

_____

_____

Oklahoma is moving toward a "Individual-Up" service system but you should be aware that there are some labels associated with residential options that identify services. **The labels for types of residential services are somewhat artificial and tend to promote fitting a person to a program rather than fitting the program to the person. In practice, even with these labels we can design a program that fits the person. And, that is what we want to do.**

Most Restrictive

Large Institutions
200+ Beds

Small Institutions
25 Beds

Large Group Homes
10 to 25 People

Group Homes
4 to 10 People

Supported Living
2 to 4 People

Assisted Living
1 to 3 People

The Natural Home

Least Restrictive

TYPES OF RESIDENTIAL SERVICES

Assisted Living. A residential setting in which the person lives in his or her own home and receives habilitation services. The level of support may vary from intensive to occasional depending on the need of the individual. The person may live alone, or roommates may choose to live together.

Supported living. A residential program which provides state support for some expenses in addition to staff supports. Supported Living is available only to those individuals determined to be members of the Hissom Class. Supported living allows classmembers to live in their own homes, usually with one or two roommates of their choice. Personal needs such as living expenses and medical care beyond the consumer's fiscal resources are provided through this program.

Habilitation Services. Services whose goal is to teach and assist people in carrying out everyday tasks associated with self-care, daily living, and self support. These services may

include assisting individuals to following ongoing programs in physical, occupational, and speech therapies. The relationship of the habilitation training specialist with the person being served should be characterized by positive teaching methodologies and unconditional positive regard. The habilitation training specialist may also be required to implement portions of a prescribed behavior plan.

Adult Companion. This is a residential option in which an adult consumer shares a home with a companion who is not a service recipient. The companion may provide support services to the consumer depending upon the companion's qualifications and the recommendations of the individual's IDT.

Foster Care. A living arrangement which provides an opportunity for a school-aged consumer to live in a family environment. This program encourages the reuniting of the individual with his/her natural family.

Group Home. A residential option which provides consumers a small home-like setting in which their residence is owned or leased by the service provider rather than by the consumers. Group homes generally provide a more supervised setting. These homes are licensed by the Health Department. Residents are encouraged and assisted in increasing their independence in areas that will allow them to care for a home and access their community for work and recreation.

Resource Centers. Large, public ICFs/MR housing 200+ individuals with mental retardation which offer services in a supervised setting. These were formerly known as state schools.

Nursing Homes (ICF's, ICFs/MR). Nursing homes may range from 200+ bed facilities to smaller settings that offer medical services as well as living arrangements for individuals with

developmental disabilities as well as a broad range of other individuals including the elderly. In Oklahoma, more people with developmental disabilities are served in private ICFs/MR than in all other residential options.

It needs to be pointed out that residential services employees are often the unsung heroes, the backbone of our service system. These are people who work on holidays, weekends, at night — when the rest of us are at home. They are often required to make decisions on the spot, they may have to work alone, and they sometimes have to meet the most basic human needs of a person with disabilities.

They help people who cannot eat without assistance, those who have toileting needs, and those who may need assistance with communication and walking, bathing or self care.

Residential service employees deserve the respect and support of all of us who have other jobs in the Oklahoma system and should be given as much help as possible to enable them to do their jobs.

Another way to think of the above services is **In-Home** and **Out-Of- Home** services. A brief outline of these services follows:

A. Supporting People in Their Own Homes
    1. Within the Natural Home
        a. Children with Natural or Adoptive Parents
        b. Living alone with or without a partner(s)
    2. Adults Living Alone or with Partner(s)
        a. In a house, apartment, condo or duplex
        b. Rented, owned or leased (person with developmental disability may own or lease their own home or they may live in a residence owned by someone else)

B. Foster Homes

1. Children's foster homes
2. Adult homes (called "Adult Companion" homes) - 1-2 adults living with non-disabled adults

THE SERVICES PROVIDED BY THE ABOVE ARE:

In-Home Services include:

1. Respite (in and out of home)
2. Meals on Wheels - for adults with very severe handicaps who live in their own homes
3. Architectural Modification - for accessibility
4. Visiting Nurse
5. Community Recreation
6. Professional Support - psychologists, physical therapists, speech therapists, occupational therapists, etc.
7. Transportation
8. Habilitation Staff - personnel funded by Title XIX to provide training and support as needed to the person with developmental disabilities in the home
9. Supported Living - 1-3 persons managed by a provider whose lease on their home may be in their own name
10. Assisted Living

Out-Of-Home Services provided include:

1. Group Homes - 4-15 individuals
2. Institutions - resource centers
3. Nursing Homes
4. Private ICFs/MR - institutions
5. Foster Care
6. Adult Companion (may be in own home or companion's home)

Services shared by both In-Home and Out-of-Home

1. Respite
2. Architectural Modification
3. Visiting Nurse
4. Community Recreation
5. Professional Support
6. Transportation

People can be supported in living settings in typical homes. In some cases and for a variety of reasons, it has been necessary for them to live outside their own home.

Vocational Services

Vocational services are those which assist the individual to engage in employment or employment-related activities during the day. There are currently two options available for individuals in need of vocational services: traditional sheltered workshop or integrated employment in the regular labor market. (Integrated work places are those in which people with and without disabilities work along side each other.) All of the department's vocational services are delivered through contract with private service providers.

Just as the continuum approach of people earning their way from more restrictive and segregated environments to less restrictive integrated environments was used in the past in residential services, vocational services followed a continuum as well. With the current trend toward supporting people in real work environments in business and industry, the number of segregated, congregate employment settings will decline.

Integrated Employment

Integrated employment is a term which covers a broad range of activities funded through various program areas, including Medicaid, the Developmental Disabilities Services and Rehabilitation Services Divisions of DHS. Activities include evaluation, training, job development, job placement, job assistance and paid employment. These services provide necessary supports to place consumers on jobs in the regular labor market working along side persons without disabilities.

Sheltered Employment

This service provides training and employment opportunities for persons with disabilities in a protected environment. Wages received are generally in accordance with a Department of Labor approved piece rate system based on a person's individual rate of production. (The principal activities of many workshops are the production of simple items for which the individual is paid on a per piece basis as well as on-going community integrated employment training.)

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_____

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_____

Case Management

Case managers in Oklahoma are state employees (although some states use private agencies to provide these services). A case manager concept of case management was first brought forward in the late sixties, when deinstitutionalization and community development began. This was to be the one person in the lives of children and adults with developmental disabilities and their families who would never say "That's not in my job description," or "I don't work those hours," or "I don't do floors and windows." This was to be a person who was an expert in developmental disabilities and who worked for the consumer and their family.

It should be noted that the term "case management" is not one that most people are very happy with for several reasons:

1. Human beings are not "cases;"
2. We don't "manage" people, they manage their own lives.

But, it is a term that has been used for a long time and for now, we don't have a better one. Another way to look at case managers is to think of them as "agents." Just as famous people have press agents

or talent agents who represent their interests, case managers are agents who represent the interests of people with disabilities and their families. They make sure that the person gets everything they need and are entitled to. They fill out complicated government forms. They negotiate for services with providers and their staff.

In some ways, a case manager can be like a conductor of an orchestra. They chair the IHP meeting and compile the reports submitted by team members. They monitor what was agreed to in the meeting to be sure it gets done.

Above all, the case manager is a friend that can be counted upon in time of need.

Support Services

Support Services are those professional, therapeutic, and habilitation activities which maintain or enhance an individual's physical, emotional, and social well-being. These may include physical, occupational, and speech therapies; psychological and psychiatric services; habilitation training; family training; family counseling; architectural modification; adaptive equipment; skilled nursing; and transportation. Most people with disabilities do not need any of these services. Therefore, services are provided on an individual basis in accordance with assessments of the person's need. A case manager serves as the individual's advocate and arranges for the timely delivery of any and all services the individual requires. The following are some examples of support services that may be provided:

■ **Assessment Services** determine the individual's level of performance in various activities of life, and make recommendations regarding needs, goals, objectives, and activities to improve functioning. Specialized assessments are performed by all members of the interdisciplinary team, including various professionals and direct service staff.

■ **Communication Services** improve receptive and expressive communication. These services may include activities to improve verbal or manual communication, provision of language boards, vocabulary packs, or electronic augmentative communication devices, as well as training in the use of these systems.

■ **Skill Development Services** enable the individual to become more self-reliant in the performance of all daily living activities, including self-care and leisure activities.

■ **Behavioral Support Services** enable the individual to interact positively with others in his or her home, work, and community.

A few individuals who have serious problems that are harmful to themselves or others may require intensive behavioral supports.

Services include behavior plan development, implementation (training, monitoring, and revision), cognitive/group treatment, and psychotherapy.

■ **Family Counseling Services** are provided to individuals and their natural, adoptive, or foster families to maximize their emotional/social adjustment and well-being. Family counseling services are provided by licensed social workers, psychologists, or professional counselors.

■ **Family Training** is provided to allow the person's natural, adoptive, or foster families to become more proficient in meeting the needs of the individual served. Services may be provided by a licensed professional, such as a social worker, psychologist, professional counselor, psychiatrist, registered nurse, physical therapist, speech therapist, or nutritionist. Training may also be provided by other local or state agencies whose programs have been approved by the DDSD.

■ **Health care services** cover a variety of activities to improve and maintain the individual's health status including:

Skilled Nursing Services include preventive and rehabilitative procedures prescribed by a physician.

Dental Services include examination, x-rays, prophylaxis, fluoride treatment, development of a plan of care, and routine training of the individual and/or primary caregiver regarding oral hygiene.

Nutritional Services maximize the individual's nutritional health through consultation with a licensed dietician.

Psychiatric Services enable the person to interact positively with others and may include psychotherapy, medication prescription and management, and consultation.

■ **Accessibility** to all necessary environments and activities is provided through a number of interventions:

Architectural Modifications can be made to the individual's existing residence or place of work to enhance use by the person and/or the safety of the home. Such modifications are limited to items which have no utility apart from the needs of the service recipient.

Assistive Technology enables the individual to perform daily living skills, socialization, and/or work with reduced reliance on others. Maintenance, repair, and customization of equipment are provided.

Mobility Services improve the individual's locomotion or mobility and are provided by, or under the supervision of, a licensed physical therapist. Skeletal and muscular conditioning can be included in this service.

15. List four types of residential services and describe how they represent designing the program to fit the individual.

16. Define the following terms and give two examples of each:

In-home services: _____

_____

_____

Out-of-home services: _____

_____

_____

Shared services: _____

_____

_____

17. Vocational services are those services that assist the individual to engage in _____

_____during the day.

18. What is a case manager and what is her or his primary role?

_____

_____

_____

19. List five support services and discuss what they involve.

_____

_____

_____

_____

_____

_____

_____

Objective 3: Describe the primary way services are provided in Oklahoma.

The Individual Plan

The Individual Plan is a blueprint developed by the person with disabilities and others. It is a roadmap that is different for every person in the state. It starts by asking who the person is — his or her likes, dislikes, abilities, needs and desires. Then the people in the person's life come together to think of creative ways of getting to the outlined destination.

20. What does the term, "habilitation" mean? _____
_____
_____

21. Why is the IHP process used? _____
_____
_____

22. Describe the IHP process briefly. _____
_____
_____

23. What are some of the limitations of the individual plan?
_____
_____

Objective 4: List five different people who may be on an interdisciplinary team. Discuss their common goals.

24. The most important member of the team is the _____
_____.
The composition of the team is based upon _____
_____and many change as those _____change.

25. The guardian should be considered a _____ member of the team and invited to attend all _____.

When formed, team members work cooperatively in developing the individual habilitation plan (IHP) and in the day-to-day efforts of implementing the plan. The team operates through common agreement; each member is encouraged to offer his or her ideas and suggestions on any part of the IHP.

Objective 5: Recognize three elements of a successful habilitation program.

ELEMENTS OF A GOOD PROGRAM

- A "WORKING" PROGRAM
- MAXIMUM CHALLENGE
- RISK-TAKING
- MEASURING RESULTS
- GOOD PROGRAMS COME FROM GOOD STAFFS
- WE ARE THE LEARNERS

Some things are basic when developing good programs. Glasses, hearing aids, mobility equipment, and the like should be provided when needed. Consideration should be given to the design and enhancement of the appearance of these devices. Attention to a favorable appearance will help reduce stigmas. But other less physical aspects of the plan may be less obvious. What makes a good program when it is finally implemented?

First, it should communicate a sense of expectation. If you know and believe that people with developmental disabilities can learn and grow, then your program should signal this attitude to both clients and others. Other factors also influence the development of a good program.

26. List several things you feel might be good elements of a successful plan. _____

_____

_____

27. Why should environmental factors be taken into consideration when developing the Individual Plan? _____

_____

_____

28. If a program is not working, why should the viewpoint of "it is we who are the learners" be adopted by the IDT members?

_____

_____

Objective 6: Discuss the process an interdisciplinary team goes through in developing an individual plan.

29. List some limitations of the IHP. _____

_____

_____

30. Who are some of the members of the interdisciplinary team? Can friends and co-workers be a part of the team? _____

_____

_____

31. What is meant by a "problem-solving" process in relation to goals? _____

_____

_____

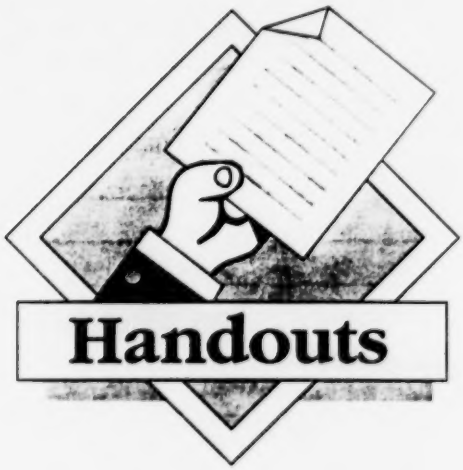
Summary

We are moving beyond viewing people in segments that require specialized care to viewing people as *whole* people. We have moved beyond the traditional multidisciplinary team (which tended to fragment the human into parts) toward a "interdisciplinary approach" and in some cases even a transdisciplinary approach, where all people who come into an individual with disabilities' life work together and share information as well as objectives. We are moving toward the recognition that no one person has all the answers and that only by sharing information and allowing other people into the decision-making process can we provide a holistic view of a person's life.

MODULE THREE

Foundation Level Training

Systems and Policies



ADOPT A STATE DEFINITION OF DEVELOPMENTAL DISABILITIES

There is no statewide definition for "developmental disabilities" which identifies persons or services in that category. As mentioned in the critical issues section, attempting to examine programs serving persons with developmental disabilities is a difficult exercise. In many service areas it was impossible to determine the number of people in this category who were receiving services.

Oklahoma has a pluralistic service delivery system whereby a variety of programs use different disability definitions and eligibility criteria. This approach is complicated by the fact that the federal definition of developmental disabilities is a functional one, whereas most state agencies rely on diagnostic categories.

For example, the Developmental Disabilities Services Division serves only persons with mental retardation. Services for children with autism can only be accessed through the Division of Children and Youth Services. This affects only those children who have been adjudicated and identified in need of treatment by the court and placed in DHS custody. The only service that is offered is a residential service, and that is available only in Richardson, Texas.

A commonly asked question is how many people with developmental disabilities are there in Oklahoma. Because there is no uniform established state definition, the Oklahoma Planning Council for Developmental Disabilities uses an estimate of 1.6% of the general population. Using the census data of 1980, the number of persons with developmental disabilities is estimated at approximately 49,600.

This measure is based primarily on studies using categorical definitions and various studies of institutionalized and non-institutionalized persons. It is close to the special report prepared by the Administration on Developmental Disabilities (ADD) regarding the impact resulting from the change of definition on developmental disabilities under PL 95 - 602, Section 202 (6) (2) ADD 1981.

A recent report by Kiernan and Bruinicks (1986) also agrees with the 1.6% estimate. Their estimate is based upon a variety of categorical statistics on school aged and adult populations and meets the substantial severely handicapped criterion of the federal definition of developmental disabilities.

Therefore, other than this national estimate, there are no real categorical census counts. Public Law 98 - 527, the Developmental Disabilities Act of 1984, defines a developmental disability as:

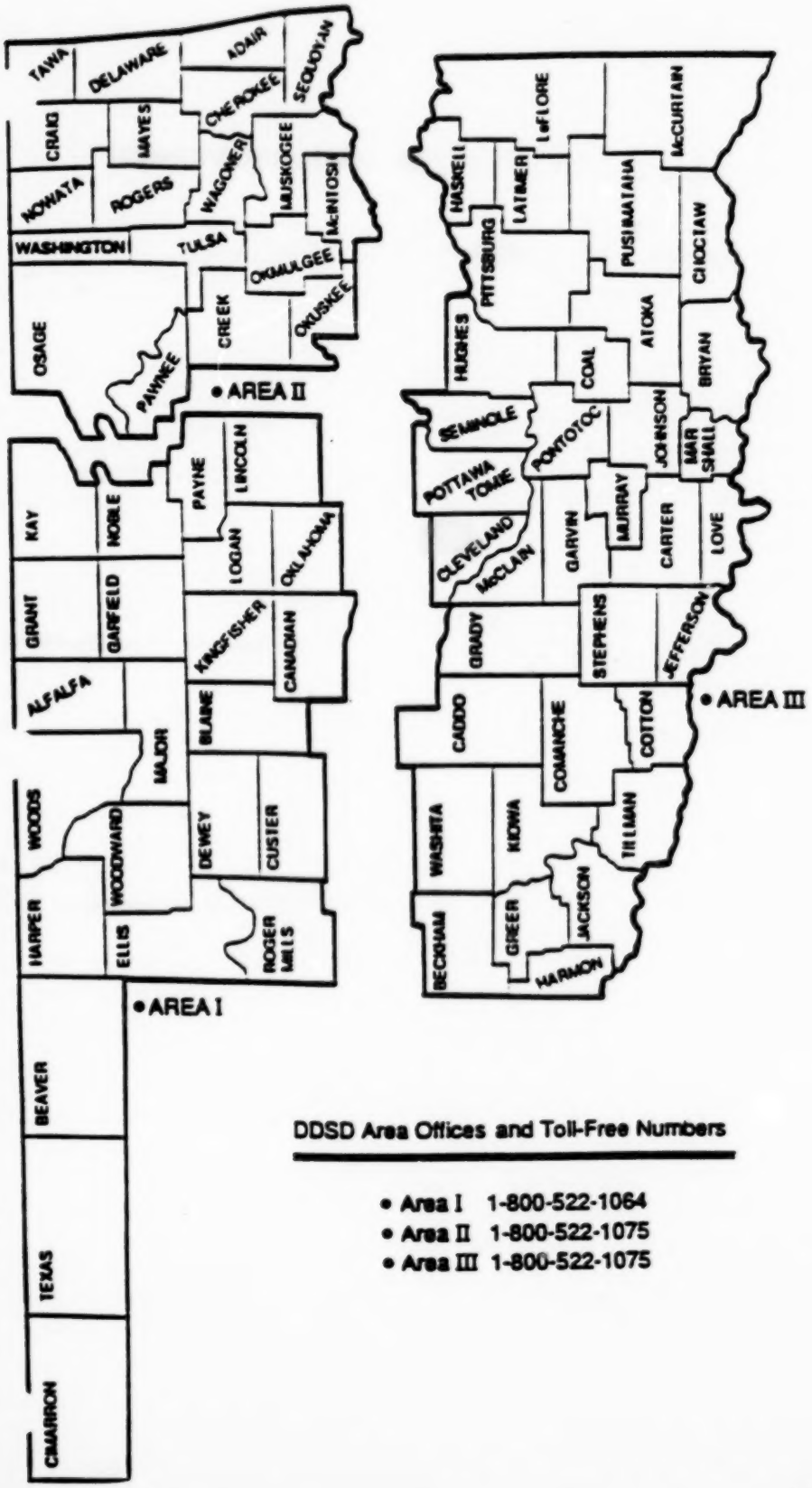
"A severe, chronic disability of a person which:

(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments;

(b) is manifested before the persons reaches the age of twenty-two;

(c) is likely to continue indefinitely;

(d) results in substantial functional limitations in three or more of the following areas of major life activity:



DDSD Area Offices and Toll-Free Numbers

- **Area I** 1-800-522-1064
- **Area II** 1-800-522-1075
- **Area III** 1-800-522-1075

DDS AREA I 1-800-522-1064
AREA II 1-800-522-1075
AREA III 1-800-522-1086

ABUSE/NEGLECT 1-800-522-3511

CAPITOL STRAIGHT LINE 1-800-522-8555
TDD (OKLAHOMA CITY) 405-521-1602
TOLL-FREE TDD 1-800-522-8556

OASIS 1-800-246-2747 OR 405-271-6302

OFFICE OF CLIENT ADVOCACY 405-521-3491

SOCIAL SECURITY ADMINISTRATION 1-800-772-1213

VETERANS ADMINISTRATION 1-800-827-2206

DEPARTMENT OF HUMAN SERVICES COUNTY OFFICES

County	City	County Office	County	City	County Office
ADAIR	STILWELL	918-696-7736	LOVE	MARIETTA	405-276-3383
ALFALFA	CHEROKEE	405-596-3335	McCLAIN	PURCELL	405-527-6511
ATOKA	ATOKA	405-889-3394	McCURTAIN	IDABEL	405-286-6581
BEAVER	BEAVER	405-625-3441	McINTOSH	EUFALA	918-689-2524
BECKHAM	SAYRE	405-928-3348	MAJOR	FAIRVIEW	405-227-3759
BLAINE	WATONGA	405-623-5282	MARSHALL	MADILL	405-795-7361
BRYAN	DURANT	405-924-1866	MAYES	PRYOR	918-825-4535
CADDO	ANADARKO	405-247-6621	MURRAY	SULPHUR	405-622-2186
CANADIAN	EL RENO	405-262-2030	MUSKOGEE	MUSKOGEE	918-684-5300
CARTER	ARDMORE	405-223-6920	NOBLE	PERRY	405-336-5581
CHEROKEE	TAHLEQUAH	918-456-0637	NOWATA	NOWATA	918-273-2327
CHOCTAW	HUGO	405-326-3325	OKFUSKEE	OKEMAH	918-623-1363
CIMARRON	BOISE CITY	405-544-2512	OKLAHOMA "A"	SW OKC	405-631-8248
CLEVELAND	NORMAN	405-321-1434	OKLAHOMA "B"	SE OKC	405-732-1090
COAL	COALGATE	405-927-2370	OKLAHOMA "C"	CENTRAL OKC	405-424-5818
COMANCHE	LAWTON	405-248-8600	OKLAHOMA "E"	OTH	405-271-3325
COTTON	WALTERS	405-875-6131	OKMULGEE	OKMULGEE	918-756-3363
CRAIG	VINITA	918-256-8711	OSAGE	PAWHUSKA	918-287-2956
CREEK	SAPULPA	918-224-0213	OTTAWA	MIAMI	918-542-1870
CUSTER	CLINTON	405-323-3333	PAWNEE	PAWNEE	918-762-3606
DELAWARE	JAY	918-253-4213	PAYNE	STILLWATER	405-372-1941
DEWEY	TALOGA	405-328-5546	PITTSBURG	McALESTER	918-423-3066
ELLIS	ARNETT	405-885-7546	PONTOTOC	ADA	405-332-1070
GARFIELD	ENID	405-233-0234	POTTAWATOMIE	SHAWNEE	405-275-8630
GARVIN	PAULS VALLEY	405-238-6461	PUSHMATAHA	ANTLERS	405-298-3361
GRADY	CHICKASHA	405-224-2733	ROGER MILLS	CHEYENNE	405-497-3393
GRANT	MEDFORD	405-395-3312	ROGERS	CLAREMORE	918-341-2282
GREER	MANGUM	405-782-3311	SEMINOLE	WEWOKA	405-257-6651
HARMON	HOLLIS	405-688-3361	SEMINOLE	SEMINOLE	405-382-6050
HARPER	BUFFALO	405-735-2541	SEQUOYAH	SALLISAW	918-775-4464
HASKELL	STIGLER	918-967-4658	STEPHENS	DUNCAN	405-255-7550
HUGHES	HOLDENVILLE	405-379-7231	TEXAS	GUYMON	405-338-8592
JACKSON	ALTUS	405-482-5812	TILLMAN	FREDERICK	405-335-5537
JEFFERSON	WAURIKA	405-228-3581	TULSA "A"	DESTER CTR.	918-560-4841
JOHNSTON	TISHOMINGO	405-371-2314	TULSA "B"	N. PEORIA	918-428-6304
KAY	NEWKIRK	405-362-2586	TULSA "C"	S. HOUSTON	918-581-2898
KINGFISHER	KINGFISHER	405-375-3867	WAGONER	WAGONER	918-485-4543
KIOWA	HOBART	405-726-3339	WASHINGTON	BARTL'VILLE	918-336-2655
LATIMER	WILBURTON	918-465-2333	WASHITA	CORDELL	405-832-3391
LEFLORE	POTEAU	918-647-2163	WOODS	ALVA	405-327-2714
LINCOLN	CHANDLER	405-258-1680	WOODWARD	WOODWARD	405-256-6091
LOGAN	GUTHRIE	405-282-4500			

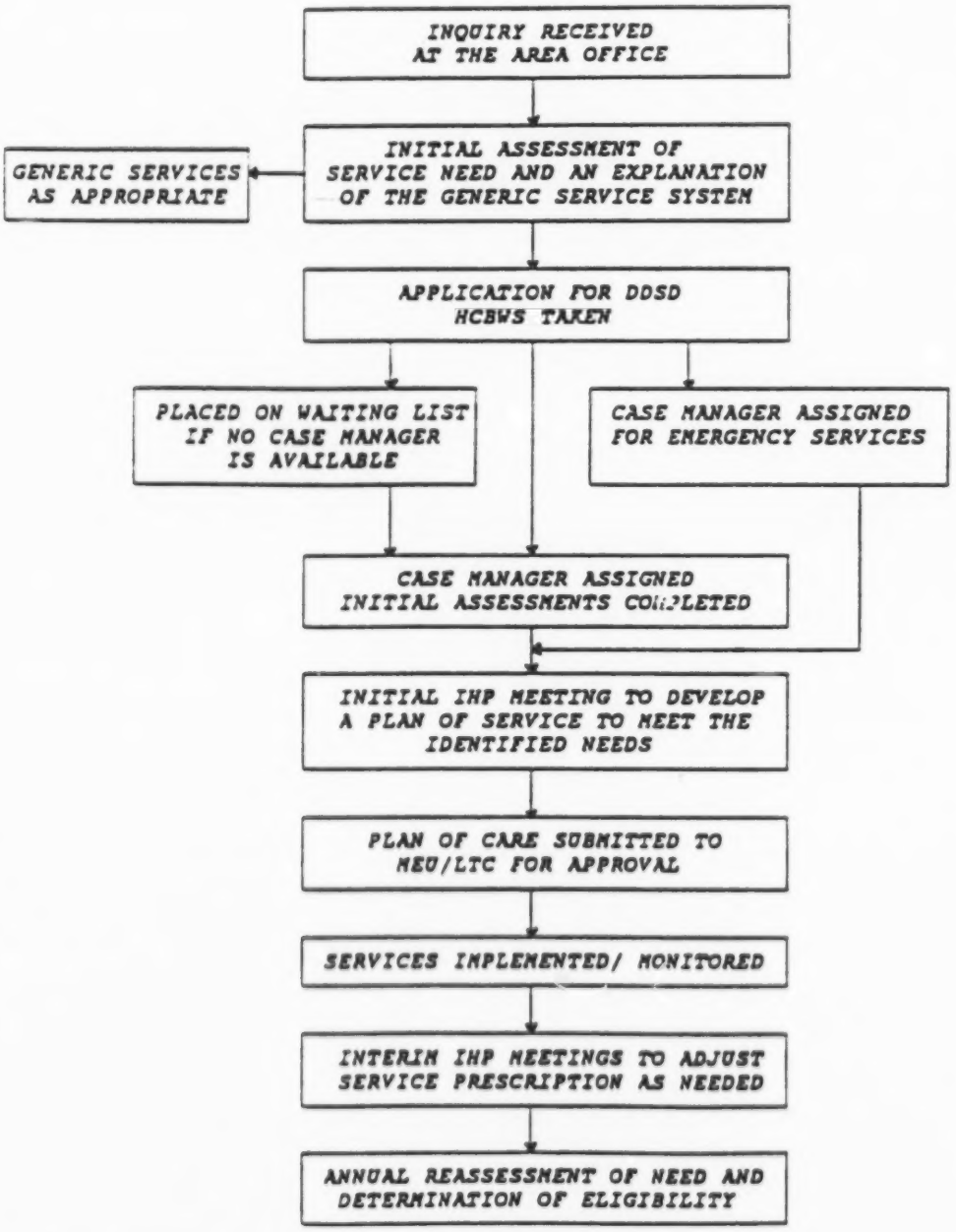
REHABILITATION SERVICES OFFICES

City	Office	Number
ADA	(College)	405-332-0178
ADA	(Field)	405-332-2785
ALTUS		405-482-8605
ALVA	(NOSU)	405-327-1214
ARDMORE		405-223-6920
BARTLESVILLE		918-336-5540
CHICKASHA	(USAO)	405-224-0709
CLAREMORE	(College)	918-341-8122
CLINTON		405-323-3171
DUNCAN		405-255-1115
DURANT		405-924-2677
EDMOND	(College)	405-341-1400
EDMOND	(Field)	405-359-8994
EL RENO		405-262-2030
ENID		405-233-0244
FT. SUPPLY		405-766-2311
GUYMON		405-338-2043
HOLDENVILLE		405-379-7231
IDABEL		405-286-3389
LAWTON	(Field)	405-248-8600
LAWTON	(Eval. Facility)	405-353-8300
McALESTER		918-423-8800
MIAMI	(College)	918-542-4716
MIDWEST CITY		405-737-4897
MOORE		405-794-1234
MUSKOGEE		918-683-5631
NEWKIRK		405-362-2586
NORMAN	(Field)	405-329-6096
NORMAN	(Comm. MH)	405-360-5100
NORMAN	(Griffin Hosp.)	405-321-4880
OK CITY	(OCCC)	405-682-3649
OK CITY	(OSUTB)	405-945-3285
OK CITY	(Eval. Ctr.)	405-631-4503
OK CITY	(O'Donoghue)	405-271-5258
OK CITY	(OK Supp. Emp.)	405-631-0428
OK CITY	(S. Robinson)	405-631-0866
OK CITY	(Field)	405-424-5818
OK CITY	(Cap. Hill HS)	405-631-5188
OK CITY	(NW Classen HS)	405-942-7137
OK CITY	(SW Office)	405-631-8248
OK CITY	(Star Spencer HS)	405-771-3939
OK CITY	(Northeast HS)	405-427-8484
OK CITY	(Putnam City HS)	405-787-9264
OK CITY	(SSI-SSDI)	405-840-7770
OKMULGEE	(OK State Tech)	918-756-6435
OKMULGEE	(DHS)	918-756-6424
OKMULGEE	(GNRI)	918-756-9211
POTEAU		918-647-8121
SEMINOLE		405-382-6050
SHAWNEE		405-273-9922
STILLWATER		405-372-1995
TAHLEQUAH		918-456-6193
TULSA		918-581-2371
TULSA	(Eval. Facility)	918-581-2366
TULSA	(N. Hale HS)	918-835-7611
TULSA	(Webster JS)	918-446-4542
TULSA	(McClain HS)	918-425-9761
VINITA		918-256-5509
WEATHERFORD	(SWOSU)	405-772-2808
WILBURTON	(Eastern State)	918-465-2119
WOODWARD		405-256-6738

VISUAL SERVICES

ADA		405-436-2430
CHICKASHA		405-222-0685
ENID		405-233-0244
IDABEL		405-286-3789
LAWTON		405-248-8600
McALESTER		918-423-8800
MUSKOGEE		918-683-2873
OK CITY	(Dean McGee)	405-271-6638
OK CITY	(NE 18th)	405-521-3723
OK CITY	(S.O. Staff)	405-424-6006
OK CITY	(Eval. Center)	405-636-0140
OK CITY	(Library)	405-521-3514
STILLWATER		405-372-2017
TULSA	(S. Houston)	918-581-2352
TULSA	(N. Peoria)	918-428-6304
VINITA	(Eastern S. Hosp.)	918-256-5275
WEATHERFORD		405-772-5805
WOODWARD		405-256-6738

HOME AND COMMUNITY BASED WAIVER SERVICES


INQUIRY RECEIVED AT THE AREA OFFICE
INITIAL ASSESSMENT OF SERVICE NEED AND AN EXPLANATION OF THE GENERIC SERVICE SYSTEM
GENERIC SERVICES AS APPROPRIATE
APPLICATION FOR DDSD HCBWS TAKEN
PLACED ON WAITING LIST IF NO CASE MANAGER IS AVAILABLE
CASE MANAGER ASSIGNED FOR EMERGENCY SERVICES
CASE MANAGER ASSIGNED INITIAL ASSESSMENTS COMPLETED
INITIAL IHP MEETING TO DEVELOP A PLAN OF SERVICE TO MEET THE IDENTIFIED NEEDS
PLAN OF CARE SUBMITTED TO MEU/LTC FOR APPROVAL
SERVICES IMPLEMENTED/ MONITORED
INTERIM IHP MEETINGS TO ADJUST SERVICE PRESCRIPTION AS NEEDED
ANNUAL REASSESSMENT OF NEED AND DETERMINATION OF ELIGIBILITY

MAJOR FEDERAL AND STATE FUNDING SOURCES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

ACRONYM GUIDE

Federal Agencies

Departments

DHHS - United States Department of Health and Human Services
DOE - United States Department of Education
HUD - United States Department of Housing and Urban Development
USDA - United States Department of Agriculture
DOL - United States Department of Labor

Administrations

HCFA - Health Care Financing Administration
ACF - Administration on Children and Families
SSA - Social Security Administration
ADD - Administration on Developmental Disabilities
OSERS - Office of Special Education and Rehabilitative Services

State Agencies

Departments

DHS - Oklahoma Department of Human Services
OUHSC - Oklahoma University Health Sciences Center
SDE - Oklahoma State Department of Education
ESC - Oklahoma Employment Security Commission
DMHAS - Oklahoma Department of Mental Health and Substance Abuse

Divisions

DDSD - Developmental Disabilities Services Division
MSD - Medical Services Division
RSD - Rehabilitation Services Division
FSSD - Family Support Services Division
DCYFS - Division on Children, Youth and Family Services

Programs/Benefits

ICF/MR - Intermediate Care Facility for the Mentally Retarded
HCB Waiver - Home and Community-Based Waiver
OBRA Waiver - Omnibus Budget Reconciliation Act (Nursing Home Reform) Waiver
EPSDT - Early and Periodic Screening and Diagnostic Testing
SSI - Supplemental Security Income
AFDC - Aid for Families with Dependent Children
JOBS - Job Opportunity and Basic Skills
SSBG - Social Services Block Grant
MCH - Maternal and Child Health
JTPA - Job Training Partnership Act
SSP - State Supplemental Payments

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The Governor's Planning Council on Developmental Disabilities, Minnesota Department of Administration, 300 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155; and the Minnesota University Affiliated Program, St. Paul, MN, for the use of their video ***A New Way of Thinking.***

The Arc, National Headquarters, Department of Research and Program Services, 500 E. Border Street, Suite 300, Arlington, TX 76010, for their video ***Self-Advocacy - Supporting the Vision.***

Courtesy of Geraldo Rivera, Investigative News Group. 555 West 57th. St., 11th Floor, New York, NY 10019, for the use of the video ***Willowbrook.***

The World Future Society, 7910 Woodmont Avenue, Suite 450, Bethesda, MD 20814, for the use of their articles ***Enabling the Disabled*** and ***The Mind-Reading Computer*** in The Futurist, May-June 1992.

The Avocado Press, Box 145, Louisville, KY 40201, for the use of the article ***The Hierarchy of Acceptance***, in The Disability Rag, March/April 1992.

A Prairie Home Companion, Department G.B., Minnesota Public Radio, 45 East 8th. St., St. Paul, MN, for the use of their audio cassette ***Donny At The Bus Stop.***

Apple Computers, Educational Support, 2424 Ridgepoint Drive, Austin, TX 78754, for the use of their video ***Chapter One.***

The Learning House, 1548 Cherokee Rd., Louisville, KY, 40205, for the use of their audio cassette ***The Exceptional Parent Blues.***

20/20, Audience Information, 77 West 66th., 9th. Floor, New York, NY, for the use of their program ***Rumania's Children.***